

15W 2/71

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/883,123
	Filing Date	06/15/2001
	First Named Inventor	Licheng Zeng
	Art Unit	2171
	Examiner Name	Haythim J. Alaubaidi
Total Number of Pages in This Submission	Attorney Docket Number	WDUMR-022US

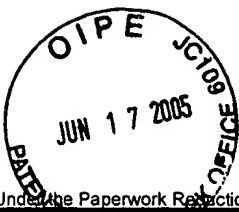
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	A return postcard
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lowell Anderson STETINA BRUNDA GARRED & BRUCKER - Customer No. 007663
Signature	<i>Lowell Anderson</i>
Date	6/14/05

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:	
Typed or printed name	Nuo Qu
Signature	<i>[Signature]</i>
Date	6/14/05

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 225.00

## Complete if Known

Application Number	09/883,123
Filing Date	06/15/2001
First Named Inventor	Licheng Zeng
Examiner Name	Haythim J. Alaubaidi
Art Unit	2171
Attorney Docket No.	WDUMR-022US

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit  
Account  
Number  
Deposit  
Account  
Name

19-4330

Stetina Brunda Garred & Brucker

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					0.00

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below	Fee Paid
Total Claims	<input type="text"/>	-20** =	<input type="text"/>	X <input type="text"/>	= <input type="text"/>
Independent Claims	<input type="text"/>	- 3** =	<input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent				<input type="text"/>	= <input type="text"/>

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	225.00
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	7650	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 225.00

## SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Lowell Anderson	Registration No. (Attorney/Agent)	30,990	Telephone	(949) 855-1246
Signature	Lowell Anderson	Date	6/14/05		

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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Please type a plus sign (+) inside this box →

+

Attorney

et Number:

Abir-2

# PROVISIONAL APPLICATION FOR PATENT COVER SHEET

BOX PROVISIONAL PATENT APPLICATION  
COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

THIS IS A REQUEST FOR FILING A PROVISIONAL APPLICATION FOR PATENT UNDER 37 C.F.R. § 1.53(c).

## INVENTOR(S)/APPLICANT(S)

Given Name (first and middle (if any))	Family Name or Surname	Residence (City and Either State or Foreign Country)
Eli	Abir	Cross River, NY

☐ Additional inventors are being named on page 2 attached hereto.

## TITLE OF THE INVENTION (280 characters max)

Method and Apparatus for Content Manipulation

## CORRESPONDENCE ADDRESS

Please Direct All Correspondence To:

<input checked="" type="checkbox"/>	Customer No.	26118			
<input type="checkbox"/>	Firm Name	Brobeck, Phleger & Harrison LLP			
Attorney of Record		Michael J. Songer			
Address		Intellectual Property Department			
		1333 H Street, N.W.			
		Suite 800			
City	Washington	State	DC	Zip Code	20005
Country	U.S.A.	Telephone	202-220-6000	Facsimile	202-220-5200

## ENCLOSED APPLICATION PARTS (check all that apply)

<input checked="" type="checkbox"/>	Specification	Number of Pages	12	<input checked="" type="checkbox"/>	Small Entity Status Claimed As:
					<input checked="" type="checkbox"/> Independent Inventor
					<input type="checkbox"/> Small Business Concern
					<input type="checkbox"/> Nonprofit Organization
					<input type="checkbox"/> Non-Inventor Supporting Claim By Another

<input type="checkbox"/>	Drawing(s)	Number of Sheets	<input type="checkbox"/>	Other (specify)
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## METHOD OF PAYMENT OF FILING FEE FOR THIS PROVISIONAL APPLICATION

<input type="checkbox"/>	A check in the amount of \$ _____ is enclosed to cover the filing fee.
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge the filing fee or credit any overpayment to Deposit Account No. 50-1640.

The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.

<input checked="" type="checkbox"/>	No.
<input type="checkbox"/>	Yes, the name of the U.S. Government agency and the Government contract number are: _____

Respectfully submitted,

By

Michael J. Songer

Date

March 16, 2001

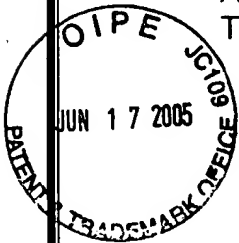
Telephone

202-220-6000

Registration No.

39,841

ATTORNEY DOCKET NO: WDUMR-022US  
TITLE: Parsing System



**Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10**

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on June 14, 2005

(Signature)

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(Typed name of person signing certificate)

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Transmittal
2. Fee Transmittal (in duplicate)
3. Petition for Extension of Time under 37 CFR 1.136(a)
4. Response to Office Action (10)
5. A Check of \$ 225.00
6. A return Postcard